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Bib Data Sheet

CONFIRMATION NO. 5466

<b>SERIAL NUMBER</b> 10/057,809	<b>FILING OR 371(c) DATE</b> 12/24/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> 538-2con
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**APPLICANTS**  
 Thomas Bush, Poundridge, NY;  
**\*\* CONTINUING DATA** *YES, A.P.* \*\*\*\*\*  
 This application is a CON of 08/248,049 05/24/1994 PAT 6,466,677  
**\*\* FOREIGN APPLICATIONS** *NO, A.P.* \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*  
 \*\* 02/19/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged *Thomas Bush* Examiner's Signature *A.P.* Initials

**ADDRESS**  
 SOFER & HAROUN, L.L.P.  
 317 MADISON AVENUE  
 SUITE 910  
 New York, NY 10017

**TITLE**  
 Cordless digital audio headphone

<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>ADDRESS</b> SOFER & HAROUN, L.L.P. Suite 1921 342 Madison Avenue New York, NY 10173				
<b>TITLE</b> Cordless digital audio headphone				
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